## APPENDIX III.

[Vide answer to Starred Question No. 1681 asked by Sri K. Vinayakam on behalf of Sri S. M. Annamalai, at the meeting of the Legislative Assembly held on 21st September 1961, page 341 supra.]

A School of Indian Medicine was started in 1924. It was converted into a College of Indian Medicine in 1947. In 1956 it was again changed into a College and Hospital of Integrated Medicine. The Government were running the said College for training the students in Ayurveda, Siddha and Unani Systems of medicine along with the modern medicine subjects. The College of Integrated Medicine has now been converted into a College of Modern Medicine and designated as Kilpauk Medical College and Hospital, Madras. Consequent on the above conversion, the admission to G.C.I.M. course has been stopped with effect from the academic year 1960-61. The existing G.C.I.M. students have, however, been permitted to continue and complete their course.

2. In August 1960, an Expert Committee was constituted to advise Government on the setting up of a College of Indigenous Medicine, etc. The terms of reference to the Committee were as follows :—

(i) To advise the Government about setting up of a College of Indigenous Medicine in the State at degree level to teach Ayurveda, Siddha and Unani Systems of medicine;

(ii) to suggest ways and means of developing Indigenous systems of medicine in the State with special reference to research work; and

(iii) to suggest concrete methods of improving the standard of manufacture of Indigenous medicine.

The Committee has made several recommendations and they are being examined in consultation with the authorities.

3. *Research schemes.*—A centrally aided Research Scheme in the Hospital and College of Integrated Medicine, Madras (now Kilpauk Medical College, Madras), with 50 beds at a cost of Rs. 2,000 per bed per annum has been implemented with effect from July 1958 for conducting Research in the following diseases :—

*Ayurveda.*

(i) Sopham (Dropsy in general).

(ii) Madu Meham (Diabetes).

(iii) Pakshavadam (Hemoplegia).

*Siddha.*

(i) Swasam and Kasam.

(ii) Keel Vayu.

(iii) Sarma Noi (including leprosy).

[21st September 1961

*Unani.*

(i) Kuru-hul meda (Peptic ulcer).

(ii) Zarh-vo-khilfa (Sprue Syndrome).

The above research work is being carried out by well experienced and seniormost Lecturers of the College.—One Research Officer (Ayurveda), one Research Officer (Siddha), one Research Officer (Unani) and four Research Assistants. The 50 beds sanctioned for the research work are allotted as follows :—

| | | | |
|---|---|---|---|
| (1) Siddha | ... | 30 | beds. |
| (2) Ayurveda | ... | 10 | ,, |
| (3) Unani | ... | 10 | ,, |

4. *Chair of History of Medicine.*—There is a Department of Chair of History of Medicine, started in July 1958 with well-equipped staff consisting of Lecturer, Grade I, and three pandits (Sanskrit, Tamil and Urdu) for evaluating the exact position of the three systems of medicine, namely, Ayurveda, Siddha and Unani, and also to contribute to the medical knowledge. This department forms part and parcel of the literary Research so far as it records the availability of medical literature in the way of palm leaves, manuscripts, old printed books, etc., that are available with private individuals and institutions.

5. *Medicinal Farm.*—The Medicinal Farm attached to College of Integrated Medicine, Madras (now Kilpauk Medical College, Madras) at Arambakkam, continues to grow the medicinal plants of various types including rare specimens. They also grow certain greens and other drugs required for the pharmacy attached to the hospital and supply them as and when required.

6. *Registration of Indigenous Medical Practitioners.*—The Central Board of Indigenous Medicine registers Indigenous Medical Practitioners. L.I.Ms. and G.C.I.Ms. are registered as 'A' class practitioners under the Board. 'A' class Medical Practitioners are eligible for appointment as Medical Officers in Local Fund Institutions and Municipal Medical Institutions of Indigenous Medicine. Those L.I.Ms. who have undergone House Surgeoncy Course are eligible for appointment as Medical Officers in Modern Medicine Institutions also. They are also appointed as Rural Medical Practitioners in Indigenous Medicine and Modern Medicine, Rural Dispensaries. 'A' class Medical Practitioners have been permitted to use modern drugs in their practice on a par with Modern Medicine personnel.

G.C.I.Ms. are appointed as Junior Assistant Surgeons in the Modern Medical Institutions and Employees' State Insurance Dispensaries.

Another category of Indigenous Medical Practitioners are named as 'B' class Medical Practitioners. In this category there are two kinds of 'B' class practitioners, institutionally trained

21st September 1961]

otherwise called BI Practitioners, who are appointed as Rural Medical Practitioners and Medical Officers of Local Fund Institutions of Indigenous Medicine whenever qualified 'A' class practitioners are not available. The other category is called as BII practitioners who are non-institutionally trained practitioners. Generally they are not appointed as Rural Medical Practitioners as they are not fully qualified. Under special circumstances when 'A' or BI practitioners are not available, BII class practitioners are appointed as Rural Medical Practitioners in Local Fund Institutions of Indigenous Medicine.

'C' class medical practitioners are one of the categories of Indigenous Medical Practitioners who had training in village vaidyas scheme and they were registered as 'C' class practitioners. They have been permitted to be appointed as Rural Medical Practitioners in Rural Dispensaries of Indigenous Medicine whenever 'A' and 'BI' practitioners are not available.

7. *Registration of traditionally trained and hereditary practitioners.*—The Government have approved a scheme for the registration by the Board of Indigenous Medicine of traditionally trained or/and hereditary practitioners of Indigenous Medicine. The traditionally trained and hereditary practitioners will be registered as 'B' class practitioners. The registration of such practitioners have been taken up by the Central Board of Indigenous Medicine.

8. *Shortened House Surgeoncy course.*—A shortened course of House Surgeoncy is being conducted twice in a year, that is, in January and July, for the L.I.M. Practitioners who are employed in Local Bodies, etc., and also for private candidates who have passed L.I.M. course. Those practitioners who have completed the House Surgeoncy Course successfully are eligible for appointment as Medical Officers in Modern Medicine, Local Fund Institutions.

9. *Grant-in-aid Scheme in Kanyakumari district.*—Government have sanctioned a Grant-in-aid Scheme for the Ayurvedic Physicians of Kanyakumari district. As per the scheme, the grant will be paid on the post-payment system at the following rates except in cases where a higher rate is now being paid :—

Grade I—Rs. 30 per mensem.

Grade II—Rs. 25 per mensem.

Grade III—Rs. 20 per mensem.

As per the above scheme, now there are about 18 grant-in-aid institutions in Kanyakumari district.